

HEALTH INSURANCE PREMIUMS & COST SHARING ASSISTANCE

Reviewed and Approved by the Planning Council: 2-27-14

RYAN WHITE PART A PROGRAM - NORFOLK TGA

SERVICE CATEGORY: Health Insurance Premium and Cost Sharing Assistance

I. HRSA/HAB DEFINITION OF SERVICE:

Provision of **Health Insurance Premium and Cost-sharing Assistance** that provides a cost-effective alternative to ADAP by:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications
 - Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client
 - Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs.
- ***The City of Norfolk/Ryan White Part A TGA has elected to provide HIPCSA services for Medial and Mental Health Co-Pays ONLY.***

These short term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

II. DESCRIPTION OF SERVICE

SERVICE	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
Provisions of Health Insurance Premium and Cost Sharing Assistance that provides a cost effective Alternative to ADAP by: <ul style="list-style-type: none">• Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and on behalf of the client.	Documentation of the following: <ol style="list-style-type: none">1. An annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and/or deductibles for eligible low income clients, compared to the costs of having the client in the ADAP program.2. Where funds are used to cover co-pays for prescription eyewear, documentation, including a physician's written statement that the eye condition is related to HIV infection.3. Assurance that any cost associated with liability risk pools is not being funded by Ryan White.4. Assurance that Ryan White funds are not being used to cover costs associated with Social Security.5. Clients' low income status as defined by the TGA is clearly indicated in the clients' files for eligibility.	<ol style="list-style-type: none">1. Conduct an annual cost benefit analysis (if not done by the Grantee) that addresses the noted criteria.2. Maintain proof of low income status within client's records.3. Provide documentation that demonstrates that funds were not used to cover costs of liability risk pools, or social security.4. When funds are used to cover co-pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection.	Ryan White funds are not used for any cost associated with liability risk pools or Social Security.

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III. HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE COMPONENTS:

Program Outcome: HIV Medically related co-payments for health insurance.

Indicator: 100% of clients access HIV related Primary Medical Care and Mental Health Services supported by co-payment assistance.

Service Unit/s: Number of successful co-payments for:

- Billed physician visits

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
1. Structure					
Provider agency has clearly stated written guidelines that list all criteria, including allowable extenuating circumstances, used to determine if a client is eligible for health insurance premium or cost sharing assistance.	Agency has documented criteria to determine eligibility for health insurance premium and cost sharing assistance.	Number of agencies with guidelines	Number of contracted agencies for Health Insurance Premium and Cost Sharing Assistance.	Agency files Policy and Procedure Manual.	100% of agencies have guidelines for health insurance premiums and/or cost sharing assistance.
Agency provides comprehensive orientation for new staff members to ensure that staff is fully trained to implement the written guidelines.	Client charts document adherence to guidelines.	Number of new staff with documented orientation.	Number of new staff.	Personnel file	100% of new staff receive orientation on guidelines.
Services are made available to all individuals who meet Health Insurance Premium and Cost Sharing Assistance eligibility requirements.	Provider assesses and documents client eligibility for alternative coverage of co-pay assistant prior to Ryan White Part A assistance.	Number of charts documenting assistance.	Number of clients.	Client chart.	100% of charts document client eligibility for Part A assistance.
II. Process					
Agency follows written guidelines, without exception, for all requests.	Charts document adherence to written guidelines.	Number of charts follows guidelines.	Number of clients.	Client chart.	100% of charts document adherence to written guidelines.
III. Outcome					
Provider agency pays routine requests for payment within 90 days.	Vendor receives payment within 90 days.	Number of vendors receive payment within 90 days.	Number of vendors	Client chart	100% of client charts document payment within 90 days.

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